

FILED FEB 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2141

State File No.

BIRTH NO.		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>5974</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Pack</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pack</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sentinel</u>		c. LENGTH OF STAY (In this place) <u>20 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sentinel</u>		<u>1841</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sentinel</u>		d. STREET ADDRESS (If rural, give location) <u>Sentinel</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Monroe</u> c. (Last) <u>Bigler</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 10 1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Apr. 4 1869</u>	
9. AGE (In years last birthday) <u>81</u>		10. MONTHS <u>9</u> DAYS <u>6</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Bigler</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Floyd</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Bigler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (a. No, or unknown) (b. If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pearl Richards</u>		ADDRESS <u>Pack, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> <u>Lobar</u> ANTECEDENT CAUSES <u>Effusion & Pharyngitis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>470x</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/9</u> , 19 <u>51</u> , to <u>1/10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1/10</u> , 19 <u>51</u> , and that death occurred at <u>11:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. A. Glover</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Libana Mo</u>		23c. DATE SIGNED <u>1/10/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 12/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antioch</u>		24d. LOCATION (City, town, or county) (State) <u>Near Pittsburg</u>	
DATE REC'D BY LOCAL REG. <u>Jan 25, 1951</u>		REGISTRAR'S SIGNATURE <u>Ralph Goldenperdewell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest and Blue Balaban</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED FEB 1 1951

Dist. File 221-272

Date Filed 2-2-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 4154

P. O. Address Bolivar mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.